Make no mistake, this agreement is a win for the special interests and especially the HMOs and insurance companies who support with their contributions this new bill.

It is a loss for the American people on one of their biggest issues, and a sad day for America, patients, doctors, and virtually every family around the country.

One of the most egregious things is they have held HMOs to different standards than they are holding doctors and hospitals. The HMOs alone among the health care providers will be shielded from the consequences of their own bad decisions, but the doctors and the hospitals are left hanging out to dry. And I understood the AMA has just opposed this bill.

HMOs will also have an extraordinary care standard, not a medical standard, but what any ordinary insurance company would do. And in fact what is being given to them goes to no other industry in the United States. And by waiving away the State laws, many people in the United States where they have good strong State laws will be worse off than had this bill not passed.

Mr. Speaker, I reserve the balance of my time.

Mr. GOSS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Ohio (Ms. Pryce), a distinguished member of the committee and a member of our leadership.

Ms. PRYCE of Ohio. I thank my good friend from Florida and colleague on the Committee on Rules for yielding me this time, and I rise in very strong support of this rule.

Mr. Speaker, I came to the House of Representatives nearly 9 years ago, and for the majority of my tenure here, Congress has been struggling with the concept of a bill of rights for patients. There are no policy arguments that have not been made, no statements left unspoken, and no new points to interject.

Mr. Speaker, 95 percent of the patients' bill of rights is agreed to by every one here. We all agree that patients should have access to emergency room and specialty care and direct access to obstetricians, gynecologists, and pediatricians. We agree that doctors should have input in the development of formularies for prescription drugs and that patients should have access to health plan information.

All the players agree that gag clauses that prevent doctors from discussing certain health care options with their patients should be prohibited and that patients should have a right to continuity of care. In fact, I would like to remind my colleagues that the House has previously passed a patients' bill of rights. We have, we have done it here, and yet we still have no Federal protection to offer the 170 million Americans with private health insurance.

Well, help is on the way. We finally have a President committed to making this happen and a Congress which has

worked long and hard to help him. Mr. Speaker, I understand this task has been a daunting and difficult one, and that is why the agreement President Bush forged yesterday is a giant step forward. An agreement that involved so many hardworking, committed Members on both sides of the aisle needs a chance to go forward today.

Mr. Speaker, we need a bill that will not penalize employers for offering health care benefits; we need a bill that will not drive up the cost of premiums; and we need a bill that will offer remedy to patients who have been wronged; and, most of all, we need a bill that can be signed into law.

There are many who would rather not see this happen today. They would rather the American people not have this benefit. They would rather have a political issue. And it is so easy to stand in the way. It is much harder to forge consensus. This time the Committee on Rules, which has met into the wee hours nearly every night this week, has forged a fair and good rule that will do all of this.

We have already spent too much time on solutions that go nowhere. This legislation, with the agreement offered by the gentleman from Georgia (Mr. Norwood), has been agreed to by the President. It will offer our best chance to provide real patient protection to those Americans who desperately need it and have needed it for far too long.

I urge my colleagues to support this rule. It is fair, it is very delicate, it is balanced, and it will bring a patients' bill of rights to our President for his signature.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. MENENDEZ).

Mr. MENENDEZ. My colleagues, make no mistake, this bill is a special deal for special interests. The patients' bill of rights went into the White House emergency room with the gentleman from Georgia (Mr. Norwood) and it came out as an "HMO Bill of Rights," an "Insurance Bill of Rights," a special set of rights no other industry in America has.

And speaking of rights, this bill kills State rights in protecting patients. Just this week in New Jersey, a Republican governor signed a bill passed by a Republican legislature which would provide for enforcing our patients' bill of rights. This bill we are debating today destroys New Jersey's patients' protections, and California and Texas and every other State's right to protect patients, by superceding it.

This bill is a huge step backwards in patient protections. This bill will not guarantee the care patients deserve and need but it will guarantee HMOs' abuses

Let us vote for patients, for people, for our constituents, and against the special interests. Vote against the rule and the bill.

Mr. GOSS. Mr. Speaker, I yield such time as he may consume to the gentleman from Missouri (Mr. BLUNT), the distinguished member of our leadership, the deputy whip.

Mr. BLUNT. Mr. Speaker, I thank my good friend for yielding me this time, I want to use the last of the voice I have left this week to talk for a few minutes about this bill and the rule that allows it to come to the floor.

What we have a chance to do here today is to end 6 years of gridlock, 6 years of striving for a solution that has been outside of our reach. Today we can achieve that solution.

Lots of Members have worked very hard to try to find that solution on both sides of the aisle. My good friend, the gentleman from Iowa (Mr. Ganske); the gentleman from Georgia (Mr. Norwood); the gentleman from Michigan (Mr. Dingell); the gentlewoman from Connecticut (Mrs. Johnson); and the gentleman from Kentucky (Mr. Fletcher) have all worked hard to try to find that ground that gets us to a solution that really does create parents' rights.

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I think what this bill does, and the amendments that go along with it is, it puts patients first. It puts health care first. It puts the health care decision first, and that is a critical difference in this and some of the other concepts that we have talked about, such as the health care professional review panel that has an immediate answer. In fact, how they respond to that answer depends on the way that patients are dealt with in the future of this process.

If in fact an individual is provided insurance, and responds to what that doctor-driven health care professional panel says needs to be done, they have done the right thing and the law recognizes that.

This law talks about greater access to the system. It talks about liability, but it also talks about some ways to avoid that liability, which continues to encourage employers to provide health care to their workers.

For a generation now, one of the questions that workers first asked when they filled out a job application was, Is health insurance provided? What we do not want to see at the end of our debate here is the answer to be, We used to have health care. We used to offer health care, but now we just give employees money because we do not know what our liability is. It was undefined.

Our bankers, if it is a small business, would not let us continue down that path. Our shareholders, if it is a large business, because of the responsibility we have to them, we decided not to have health care insurance any longer because we did not understand our liability.

That is one reason many of us thought it was so important to understand the limits of that liability. This bill sets a higher limit than many of us would have ever thought we could accept; but employers can work with it, the system can work it.